



Spirit Knight 2024 Permission Form

Must be completed and turned in to participate!

I, (name)_____, of (address)_____
County of _____, state of _____, am the (mother,
father, custodial parent, legal guardian) of _____, a minor, who
is age_____, and who resides with me at the address set above.

I request that the school allow my child to participate in **Spirit Knight on March 23, 2024** and to participate in Spirit Knight Dress Rehearsals, dance practices, all Spirit Knight Sporting events (like Powder Puff, Volleyball, Cornhole, Spikeball, etc) and all other scheduled meetings, art sessions, craft sessions (like Hall Decorating) and functions related to Spirit Knight with the understanding that there will always be at least one adult moderator.

In consideration of the student being allowed to participate in this activity, on behalf of the student, my spouse, myself and my child’s estate, I hereby recognize that such an activity may expose the child to risks and hazards not ordinarily encountered in school. I further release the above named School and Diocese of Fort Wayne-South Bend from any and all claims, judgments, liability for any injury, whether personal or property, that the student, his/her estate, my spouse now has, ever had or may have due to the student’s participation in this activity, including all risks connected therewith, whether seen or unseen.

Date

Parent or Guardian Signature

I fully understand that Spirit Knight and all related events are Marian sanctioned and are treated like a sport, club, extracurricular activity. Student handbook policies apply and will be enforced.

Date

Student Signature

-Please Turn Over and Fill Out Medical Information-

Part I. Consent to emergency medical care

Note: Parents must sign either Part I (Consent...) or Part II (Refuse to consent...)

Name of Child: _____

In the event reasonable attempts are made to contact me at _____
(phone number) or _____ (other parent or adult) at _____
have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by doctor _____
(preferred physician) or dentist _____ (preferred dentist), or in the event the
designated practitioner is not available, by another licensed physician or dentist.
2. The transfer of the student to _____
(preferred hospital) or any hospital reasonably accessible. This authorization does not cover
major surgery unless the medical opinions of two other licensed physicians or dentists,
concurring in the necessity for such surgery, are obtained before surgery is performed.
My Health Insurance carrier is _____
Policy/Group/Claim #: _____

The following include any allergies the student may have, any medication the student may be
taking, and any other facts to which a physician or dentist should be alerted:

Date

Parent or Guardian Signature

PART II. Refuse to Consent to Emergency Care

I do not give my permission for my child to receive any form of emergency medical care. In the
event of any injury or illness that involves the need of medical care, I wish for the school or
authorities to do nothing or:

**I fully understand what is involved in this extracurricular activity, and foregoing form. I
understand that I may call the school principal about any questions.**

Date

Parent or Guardian Signature